

The ACT Opioid Maintenance Treatment Guidelines

ACT Health

Due for review September 2012

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1 PURPOSE OF THE GUIDELINES

The *ACT Opioid Maintenance Treatment Guidelines* has been produced by ACT Health to assist ACT Health employees and other practitioners including medical practitioners, pharmacists, alcohol and other drug workers, nurses and health professionals working in community settings, hospitals, mental health services, correctional environments and the police watchhouse. A key focus of the *Guidelines* is maximising the numbers of practitioners and workers effectively able to treat and support those on opioid maintenance treatment. These *Guidelines* have been produced by ACT Health in collaboration with the ACT Division of General Practice, the Pharmacy Guild of Australia, ACT Branch and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). These partners are integral to the care provided to clients requiring opioid maintenance treatment in the ACT.

The broad goal of treatment for opioid dependence is to improve the health outcomes and promote wellness. Treatment for opioid dependence is guided by the principles of harm minimisation. Opioid maintenance treatment for opioid dependence should be part of a comprehensive program, with access to counselling and other health services available to all individuals.¹ ACT Health recognises that consumer participation improves service quality, safety and health outcomes, and assists in making services more responsive to the needs of consumers.

Links have been embedded into the electronic version of the *Guidelines* to assist readers to quickly access related documents including forms. Related documents and forms are also available via the ACT Health website and from ACT Health - the Alcohol and Drug Program.

[ACT Health Website– Opioid Maintenance Treatment Page](http://www.health.act.gov.au/c/health?a=da&did=10038160&pid=1058841069)
<http://www.health.act.gov.au/c/health?a=da&did=10038160&pid=1058841069>

2 KEY ROLES

This Section lists the organisations with key roles in relation to opioid maintenance treatment in the ACT. More information about the organisations, including the nature of their key roles and contact details, is at Appendix 1.

- **ACT Health – Alcohol and Drug Program (ADP)**
- **ACT Health – Chief Pharmacist (Pharmaceutical Services)**
- **DIRECTIONS ACT’s Althea Wellness Centre**
- **Winnunga Nimmityjah Aboriginal Health Service**
- **ACT Division of General Practice**
- **The Pharmacy Guild of Australia – ACT Branch**
- **ACT Health – Corrections Health Program**
- **Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)**
- **The Connection**

¹ ACT Health 2009, *ACT Alcohol, Tobacco and Other Drug Strategy*, ACT Government: Canberra.

3 RELATED POLICIES, GUIDELINES AND LEGISLATION

These *Guidelines* are to be used in conjunction with the policies, guidelines and legislation listed below. This Section of the electronic version contains hyperlinks. To access the source document press the “control” button whilst selecting the link.

[National pharmacotherapy policy for people dependant on opioids](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy>

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

[National Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence](http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf)

<http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf>

[ACT Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26/default.asp)

<http://www.legislation.act.gov.au/a/2008-26/default.asp>

[ACT Medicines, Poisons and Therapeutic Goods Regulations 2008](http://www.legislation.act.gov.au/sl/2008-42/default.asp)

<http://www.legislation.act.gov.au/sl/2008-42/default.asp>

[ACT Health - Key prescribing requirements of medical practitioners.](http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881)

<http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881>

[ACT Pharmacy Board Standards Statements](http://www.legislation.act.gov.au/ni/2009-332/These%20Standards%20aim%20to%20assist%20a%20registered%20pharmacist%20to%20practice%20and%20reflect%20the%20ACT%20Pharmacy%20Board%27s%20interpretation%20of%20the%20Health%20Professionals%20Act%202004.)

[http://www.legislation.act.gov.au/ni/2009-332/These Standards aim to assist a registered pharmacist to practice and reflect the ACT Pharmacy Board’s interpretation of the *Health Professionals Act 2004*.](http://www.legislation.act.gov.au/ni/2009-332/These%20Standards%20aim%20to%20assist%20a%20registered%20pharmacist%20to%20practice%20and%20reflect%20the%20ACT%20Pharmacy%20Board%27s%20interpretation%20of%20the%20Health%20Professionals%20Act%202004.)

[Human Rights Act 2004](http://www.legislation.act.gov.au/a/2004-5/default.asp)

<http://www.legislation.act.gov.au/a/2004-5/default.asp>

[ACT Children and Young People ACT 2008](http://www.legislation.act.gov.au/a/2008-19/default.asp)

<http://www.legislation.act.gov.au/a/2008-19/default.asp>

[Treatment Options for Heroin and Other Opioid Dependence – A Guide for Families and Carers](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-carers)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-carers>

[Treatment Options for Heroin and Other Opioid Dependence – A Guide for Frontline Workers](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-workers)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-workers>

[Treatment Options for Heroin and Other Opioid Dependence – A Guide for Users](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users>

[ACT Health - Consent to treatment procedure \(ACT Health Intranet Only\)](http://health.act.gov.au/c/health?a=dldivpoldoc&document=1118)

<http://health.act.gov.au/c/health?a=dldivpoldoc&document=1118>

[ACT Health - Consumer feedback standards](http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1098920562&sid=)

<http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1098920562&sid=>

[Preventing and managing aggression and violence in ACT Health \(ACT Health Intranet Only\)](http://health.act.gov.au/c/health?a=dldivpoldoc&document=970)

<http://health.act.gov.au/c/health?a=dldivpoldoc&document=970>

Links not able to be accessed, are available upon request from the Alcohol and Drug Program.

4 AUTHORITY TO TREAT

This Section addresses the legal and procedural requirements for prescribers and pharmacists.

4.1 Approval to Prescribe

Medical practitioners must be approved by the Chief Health Officer to prescribe opioid maintenance treatment for each individual client. Medical practitioners are required to complete an *Approval to Prescribe* form available from Pharmaceutical Services. The completed form is to be forwarded by mail or faxed to Pharmaceutical Services.² The Chief Health Officer or delegate (i.e. ACT Health Chief Pharmacist) will action the *Approval to Prescribe* form by close of business the following business day. The *Approval to Prescribe* will be valid for a maximum of six months.

When a medical practitioner receives Chief Health Officer *Approval to Prescribe* continuing opioid maintenance treatment for an individual client, the approval is valid for all practitioners with unconditional medical registration with the ACT Medical Registration Board, working at the prescriber's usual *practice*.³ *Approval to Prescribe* does not allow medical practitioners without specific training in the provision opioid maintenance treatment to prescribe continuing opioid maintenance treatment for more than five stable clients concurrently.

If *Approval to Prescribe* is required urgently, the verbal approval of the Chief Health Officer (or the delegate) may be granted via telephone and written *Approval to Prescribe* from the Chief Health Officer sought by the practitioner within 24 hours. If verbal Approval to Prescribe is granted, this is to be noted on the form and subsequently submitted by the medical practitioner to the Chief Health Officer or delegate, with a brief explanation of the reason that the normal procedure was unsuitable.

<p style="text-align: center;">ACT Health - Chief Pharmacist Pharmaceutical Services Phone: (02) 6207 3974 fax: (02) 6205 0997 Locked Bag No. 5 WESTON CREEK 2611</p>

All ACT medical practitioners with unconditional medical registration with the ACT Medical Registration Board are able to prescribe continuing opioid maintenance treatment for up to five stable clients. Clinical consultation/liaison advice is available to all medical practitioners (e.g. a general practitioner) from the medical specialists and other practitioners at the Alcohol and Drug Program (ADP) (see Support Services).

Medical practitioners may become endorsed prescribers of opioid maintenance to induct clients onto opioid maintenance treatment or to prescribe for more than five stable clients concurrently. To become endorsed, medical practitioners must have unconditional medical registration with the ACT Medical Registration Board and have successfully completed a designated training program and short examination for opioid maintenance treatment prescribers (see Training Requirements). To maintain endorsed prescriber status, practitioners are required to undertake refresher training every five years.

Intake procedures for medical practitioners illustrating the process from initial consultation to provision of opioid maintenance treatment are provided for reference in flowchart diagrams on pages 39 and 40.

If a client is identified as receiving opioid maintenance treatment concurrently in NSW and the ACT, Pharmaceutical Services will notify the prescriber and the dosing point immediately. The prescriber and dosing point will cease treatment until the client can be reviewed by either their prescriber or ADP, as an emergency referral. NSW Health Pharmaceutical Services Branch is able

² Section 560 and 561 Medicines and Poisons Therapeutic Goods Regulation 2008

³ Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

to identify all clients currently receiving opioid maintenance treatment in NSW and with client consent they may provide this information to ACT Health.

4.2 Stopping an *Approval to Prescribe*

When a client no longer requires a prescription for opioid maintenance treatment, the practitioner with the current *Approval to Prescribe* (or any medical practitioner from that practice) must complete the designated *Stop Form* and submit the form to ADP within 14 days of the client ceasing opioid maintenance treatment. These forms are available from ADP.

ACT Health – Alcohol and Drug Program (ADP)
Phone (02) 6244 2591 Fax: (02) 6244 4622

Client non-attendance for regular treatment will often come to the attention of the pharmacist in the first instance. If this change in attendance is not due to a planned absence (e.g. holiday) the pharmacist must contact the prescribing medical practitioner as soon as possible. The practitioner will follow up with the client and, if required, complete and submit the designated *Stop Form* to ADP after seven days of non attendance at the pharmacy.

4.3 Exempt settings

Medical practitioners working at any ACT hospital, the Bimberi Youth Justice Centre, Alexander Maconochie Centre, other detention centres, police watchhouse, court cells or ADP with an awareness of the clinical implications and actions of the substance being prescribed:

- have interim *Approval to Prescribe* if the medical practitioners apply to Pharmaceutical Services for the *Approval to Prescribe* within 72 hours of the time the client is first prescribed medication⁴; and
- are exempt from the requirement to complete the designated training program and short examination to induct clients onto opioid maintenance treatment or prescribe for more than five stable clients. Although exempt, it is recommended that these practitioners complete the designated training program for opioid maintenance treatment prescribers.

4.4 Authority to dispense

A community pharmacy must be licensed by the Chief Health Officer as an Opioid Dependency Treatment Centre, to dispense opioid maintenance treatment in the ACT.⁵ ACT Health requires that Opioid Dependency Treatment Centre licence holders ensure:

- all pharmacists dispensing opioid maintenance treatment at the licensed pharmacy have successfully completed the designated training program and short examination for dispensers in the ACT (see Training Requirements); and
- pharmacy staff (e.g. Registered Nurses and dispensary assistants) involved in administering or dispensing opioid maintenance treatment complete the designated training program and short examination for opioid maintenance treatment dispensers in the ACT (see Training Requirements).

To maintain status, pharmacists are required to undertake refresher training every five years. Opioid Dependency Treatment Centre Licences will be issued annually. These will be conditional upon the pharmacy's compliance with these *Guidelines* and the legislation (e.g. recording of controlled medicines). The ADP clinic, as an Opioid Dependency Treatment Centre operated by the Territory, does not require a licence

Pharmacies are required to fulfil funding agreement requirements with ACT Health in order to receive the monthly client subsidy payments.

⁴ Section 557 Medicines and Poisons Therapeutic Goods Regulation 2008

⁵ Section 470 Medicines and Poisons Therapeutic Goods Regulation 2008

4.5 Commencing dosing at a pharmacy

Most clients will commence dosing at either a community pharmacy or ADP. The prescriber must confirm arrangements with the pharmacy that the client wishes to attend for supervised dosing. This confirmation will involve a client visit to the pharmacy to allow the client and pharmacist to agree on dosing arrangements.

To complete dosing arrangements, the prescriber will forward to the pharmacist:

- personal details of the client, and a current photograph endorsed by the prescriber, (passport photo size will suffice); (the client should provide at least two forms of identification. For example, passport, driver's licence, Medicare card, utilities account or birth certificate – at least one of these identifications should be photographic);
- prescriber's name, practice address and medical prescriber number;
- details of the client's current *Approval to Prescribe* received from Pharmaceutical Services (e.g. date, *Approval to Prescribe* number, treatment type, maximum amount to be dispensed, and any other relevant comments); and
- a valid prescription for the client.

[ACT Health Website - Pharmaceutical Services
Prescribing Requirements for Medical Practitioners](http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881)
<http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881>

Community pharmacists must have a written agreement in place with ACT Health to participate in opioid maintenance treatment in community pharmacies. This agreement should clearly outline the rights and responsibilities of pharmacy staff and clients in relation to the provision of treatment. Through the agreement, ACT Health requires that community pharmacists have in place a process for the collection of fees and a process for resolution of accumulated debt if required. A regular direct debit arrangement (preferably with Centrelink to reduce possibility of financial institution dishonour fees) may reduce the likelihood of debt being accumulated. Pharmacists are expected to provide clients with written advice on the timelines and process for bringing an account into balance (e.g. two to four weeks from the time the client receives written advice).

The written agreement also requires that prior to any proposed significant changes to community pharmacy practice, the matter first be referred to the Opioid Treatment Advisory Committee (OTAC) for consideration. OTAC is the advisory body to ACT Health on issues of interest or concern to clients and providers regarding the delivery of opioid maintenance treatment in the ACT (see Committee Roles page 40). The OTAC secretariat can be contacted as follows.

**ACT Health – Alcohol and Other Drug Policy Unit
Secretariat – Opioid Treatment Advisory Committee
Phone: (02) 6205 0872 fax: (02) 6205 0866**

Pharmacies will provide client dosing information to ACT Health weekly to assist the transfer of relevant information to relevant medical practitioners and pharmacists in the event of:

- an emergency, such as flooding or fire; or
- a client being admitted to a hospital, the police watchhouse, the Alexander Maconochie Centre or Bimberi Youth Justice Centre.

5 ENTRY INTO TREATMENT

This Section addresses induction to treatment; including client rights and responsibilities, and the identification of vulnerable population groups.

5.1 Rights and responsibilities

To commence treatment the client is to be fully informed by the practitioner about opioid maintenance treatment (see Appendix 3). The practitioner must ensure that the client has been provided with the relevant information:

All clients should be given information regarding the hazards of injecting drug use, and should be encouraged to undergo screening for HIV, hepatitis A, hepatitis B and hepatitis C and other sexually transmitted diseases when entering treatment and repeated annually or more frequently following a particular risk exposure.

An example of the written information that may be provided to clients can be found at the following web address.

[Treatment Options for Heroin and Other Opioid Dependence – A Guide for Users](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users>

To be inducted onto opioid maintenance treatment in the ACT, the client must:

- consent to treatment;
- consent to their medical practitioner and pharmacist sharing the following information with ACT Health:
 - client name and date of birth,
 - identification as an Aboriginal and/or Torres Strait Islander person,
 - client's prescriber,
 - dosing pharmacist, and
 - treatment type and dose including access to unsupervised (take away) dosing;
- consent to ACT Health confirming with NSW Health that the client is not currently registered with the opioid maintenance program in New South Wales;
- consent to:
 - client name and date of birth,
 - identification as an Aboriginal and/or Torres Strait Islander person;
 - client's prescriber,
 - dosing pharmacist, and
 - treatment type and dose, including access to unsupervised (take away) dosing

being shared with an alternative prescriber or pharmacist in the event of:

- an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy (e.g. a fire or storm that causes records or premises to be destroyed, or the prescriber's incapacitation due to death, illness or injury); and

such information being shared with the relevant medical officer in the event of:

- client's detention at the police watchhouse,
- client's detention elsewhere in the ACT, or
- client's admission to a hospital in the ACT;

- be advised by the prescribing medical practitioner, and be provided with written information, about:
 - the nature of opioid maintenance treatment (including aims, goals, known benefits and alternative treatments),
 - the policies and expectations (including the frequency of and procedures for dosing, urine testing, dosing hours, guidelines for takeaway doses, clinic or pharmacy schedule of appointments and rules regarding violence, drug dealing and drug use),
 - the likely timeframes for being in treatment,
 - the side effects and risks associated with treatment,
 - timing of first dose,
 - the potential effect on activities such as driving motor vehicles and operating machinery,
 - the risks of other drug use (including alcohol, tranquillisers, sleeping pills, heroin and other opioids) while receiving opioid maintenance treatment,
 - that treatment, once commenced, should not be stopped suddenly,
 - the dosing fee the client will need to pay when collecting the dose, and
 - access to support services; and
- female clients will be advised of the need to inform the prescribing medical practitioner of pregnancy, or suspected pregnancy at the earliest opportunity.
- that clients beginning treatment at ADP, once stabilised may be expected to receive their dose from a community pharmacy, and that this may incur additional costs. Criteria for assessing stability may be found at Appendix 4.

The medical practitioner will reiterate the information regarding treatment, provided at induction, at the next appointment.

5.2 Special population groups

Some clients are especially vulnerable to the effects of illicit drug use. A care plan should be developed for clients at the earliest opportunity and access given to specialised support services if required. Vulnerable population groups include:

- pregnant women;
- women and their partners with children under the age of two years;
- clients under the age of 18 years;
- people who identify as Aboriginal and/or Torres Strait Islander;
- people being released from correctional institutions;
- people on a diversion program from the criminal justice system;
- people with human immuno-deficiency virus (HIV) and their opioid using partners; and
- hepatitis B carriers and their opioid using partners.

In the ACT there are legislative requirements for the mandatory reporting of abuse and neglect of children and young people. If a person believes on reasonable grounds that a child or young person has experienced, or is experiencing:

- sexual abuse; or
- non-accidental physical injury;

the person is required to report these beliefs to the Central Intake Service of the Office for Children Youth and Family Support.

Mandated Reporters	1300 556 728 Fax: 6205 0641 Email Child Protection Reports
General Public	1300 556 729 Fax: 6205 0648
After Hours Crisis Services	1300 556 729

[Office for Children Youth and Family Support](http://www.dhcs.act.gov.au/ocyfs)
<http://www.dhcs.act.gov.au/ocyfs>

Information regarding mandated reporting is available at Sections 356 and 357 of the *ACT Children and Young People Act 2008*.

[ACT Children and Young People Act 2008](http://www.legislation.act.gov.au/a/2008-19/default.asp)
<http://www.legislation.act.gov.au/a/2008-19/default.asp>

5.2.1 Pregnant women and their opioid using partners

Methadone is the preferred opioid maintenance treatment medication for pregnant clients. Pregnancy must be confirmed to the satisfaction of the prescribing medical practitioner. For clients who become pregnant whilst in treatment receiving the buprenorphine/naloxone combination product, buprenorphine is to be used. The client must complete a *Patient consent form for buprenorphine treatment during pregnancy/breast feeding* form available in the Appendices of the following National Clinical Guidelines.

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

Pregnant clients require close supervision as severe withdrawal symptoms can cause foetal distress, especially in the first and third trimester. If dose reductions are to be implemented, reductions should occur in the second trimester in stable pregnancies. For more information see the following National Clinical Guidelines.

[National Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence](http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf)
<http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf>

Pregnancy Support programs are available through Consultation and Liaison – Alcohol and Drug Program. These include:

- IMPACT (Integrated Multi-agencies for Parents and Children Together) Program – a system wide approach, which facilitates agencies and services to work collaboratively, within a set of agreed principles, to better meet the needs of vulnerable families. IMPACT is a voluntary program provided for pregnant women, their partners and children under two years of age who are clients of Mental Health ACT and/or are receiving opioid maintenance treatment and require assistance to manage their involvement with multiple services/agencies. IMPACT requires client consent to participate.
- Substance Use in Pregnancy Services (SUPS) which provides individualised antenatal support for women who are substance users; and
- Step Ahead Program which supports pregnant women under 25 years of age.

5.2.2 Women and their partners with children under two years of age

For pregnant women, their partners and children under two years of age who are clients of Mental Health ACT and/or are receiving opioid maintenance treatment and require assistance to manage their involvement with multiple services/agencies.

ACT Health – IMPACT

(09:00 – 16:30 Monday - Friday) 1800 211 274

IMPACT information and referral forms

<http://www.health.act.gov.au/c/health?a=da&did=10205423&pid=1199660959>

Clients who have declined to participate in the IMPACT Program (see Section Pregnant women and their opioid using partners) or who are not eligible for the Program (i.e. their child is over two years of age) are provided follow-up by ADP, if pregnant or with young children. These clients are contacted by the Consultation and Liaison team to provide referral or advice as required.

**ACT Health – Alcohol and Drug Program (ADP) - Consultation and Liaison
Clinical Nurse Consultant
(02) 6244 4916 or 0432 753 645**

5.2.3 People who identify as Aboriginal and/or Torres Strait Islander

Winnunga Nimmityjah Aboriginal Health Service is a primary health care service initiated and managed by the local Aboriginal community to provide a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas. Winnunga Nimmityjah Aboriginal Health Service employs a dedicated alcohol and other drug nurse to work with clients receiving opioid maintenance treatment.

**Winnunga Nimmityjah Aboriginal Health Service
Phone: (02) 6284 6222**

5.2.4 Clients under the age of 18 years

Before inducting clients under the age of 18 years onto opioid maintenance treatment, all medical practitioners in the ACT must consult an Addiction Medicine Physician at ADP (see Support Services). It should be noted that:

- *The Age of Majority Act 1974* identifies that for all purposes of the laws of the ACT, majority is reached on attaining 18 years of age. However, a mature minor may be able to give consent in his or her own right;⁶
- buprenorphine is not registered for use by clients under the age of 16 years;
- buprenorphine would generally be the preferred drug for those aged between 16 and 18 years; and
- methadone is not recommended for use by clients under the age of 18 years according to the *National pharmacotherapy policy for people dependent on opioids*. The *National clinical guidelines* caution that age alone should not preclude treatment with methadone, and that buprenorphine is the preferred treatment for clients between the age of 16 and 18 years.
- The choice between buprenorphine and methadone treatment should not be based on the patient's age or the length or severity of dependence. It may be influenced by individual variations in response to a particular drug, or practical considerations to do with the availability of dosing.⁷

5.2.5 People being released from correctional institutions

Clients who are receiving opioid maintenance treatment and are pending release from the Bimberi Youth Detention Centre, Alexander Maconochie Centre or Periodic Detention Centre Symonston will be introduced to a key worker from ADP, DIRECTIONS ACT or Winnunga Nimmityjah

⁶ ACT Health Consent to Treatment: Procedure

⁷ *Opioid Treatment Program: Clinical Guidelines for methadone and buprenorphine treatment* NSW Health 2006 page 21

Aboriginal Health Service, by Corrections Health Program. Ideally, the client will meet the key worker prior to release and again soon afterwards.

The role of the key worker is to support the client to continue treatment once the client leaves the correctional facility.

Clients being transferred, having been detained in a correctional facility for more than three weeks, or having been inducted on opioid maintenance treatment by the Corrections Health Program, require an endorsed medical practitioner to prescribe their opioid maintenance treatment.

5.2.6 People on a diversion program from the criminal justice system

Clients who have been referred from the criminal justice system for treatment as part of a police or court drug diversion program may receive priority access to assessment and treatment

6 MAINTENANCE ON TREATMENT

6.1 Unsupervised (take-away) dosing

This Section details issues related to the assessment for and provision of unsupervised (take-away) dosing. Unsupervised (take-away) doses may be authorised for clients who have demonstrated clinically assessed stability in treatment. All clients should commence opioid maintenance treatment under conditions of supervised administration. Those clients who demonstrate stability may progress to receiving unsupervised (take-away) doses. The benefits of unsupervised (take-away) doses include:

- enhanced integration into the community;
- promotion of patient responsibility for treatment;
- enhanced capacity to obtain and maintain employment;
- convenience of treatment; and
- reduced client costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing centralised clinic compared with accessing local pharmacy.)

6.1.1 Assessing client stability for unsupervised (take-away) dosing

To receive unsupervised (take-away) doses, clients need to be assessed by their medical practitioner as meeting stability criteria. A tool to guide the assessment of client stability is provided at Appendix 3. Use of this tool is recommended to ascertain client stability.

The prescriber is required to specify on the prescription the authorisation of unsupervised (take-away) doses and details should be recorded in the client record.

Most new clients on opioid maintenance treatment require daily supervised doses for at least three months before qualifying for an unsupervised (take-away) dose. Clients may have demonstrated stability in another state or territory in Australia, or in another country. This information may be used to determine the level of supervised dosing after transferring to the ACT. Table 1 provides guidance on the provision of regular (weekly) unsupervised (take away) doses for opioid maintenance treatment. Doses should only be increased incrementally (e.g. after two months on each increment). It may take more than two months to attain stability following each additional unsupervised (take-away) dose provided. The prescriber is to ensure client stability is maintained with the provision, or increase, of unsupervised (take-away) dosing.

Doses not used in a time period, may not be transferred to another time period.

Table 1: Guide for the provision of regular (weekly) unsupervised (take-away) doses

Length of time in treatment (months)	Methadone	Buprenorphine/naloxone	Comments
0-3	0	0	Exceptional circumstances may allow one dose
3-5	2	2 per week	Not consecutively
5-7	2	4 per week	Maximum 2 consecutive
7-9	3	6 per week	Methadone – maximum 2 consecutive
9-12	4	13 per fortnight	2 weeks unsupervised dosing
12-24	4	27 per 28 days	4 weeks unsupervised dosing

NB: this table is to be used as a guide and is not intended to be prescriptive for the provision of unsupervised (take away) doses.

If a prescriber assesses a client as being sufficiently stable to receive more than four regular unsupervised (take-away) doses per week, then the prescriber must provide the Chief Health Officer (or delegate) with the details of their assessment and obtain written authority from the Chief Health Officer (or delegate) for such prescribing.

Buprenorphine should not be approved for unsupervised (take-away) dosing unless the client has a confirmed allergy to naloxone, or is pregnant and has completed a *Patient consent form for buprenorphine treatment during pregnancy/breast feeding*. Pregnancy must be confirmed to the satisfaction of the prescribing medical practitioner. The relevant consent form may be found in the Appendices of the following document.

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

The pharmacist should clearly record details of take-away doses in the client record and the administration records. Clients should be advised to store their take-away doses in a secure place out of the reach of children and other potential users, and not in a refrigerator. Take-away doses that are claimed to have been lost or stolen must not be replaced without the prescriber's written authorisation. Clients should report lost take-away doses to their pharmacist and prescriber immediately.

Where a client exhibits signs of decreasing stability the pharmacist should notify the prescriber so the prescriber can review the client and their treatment, including the indications for continuation of take-away doses.

6.1.2 Unsupervised (take-away) doses – special cases

Unsupervised dosing may be permitted in special cases due to the unavailability of supervised dosing (e.g. at Easter, Christmas, or New Year), or where the client has urgent interstate travel requirements.

Pharmacists unable to dispense on a public holiday may provide one additional special case take-away dose to a stable client to cover for a public holiday closure after obtaining authorisation from the prescriber, providing the client is already receiving regular unsupervised (take away) doses. This should not reduce the entitlement of the client to their regular (weekly) unsupervised (take-away) dose entitlements.

For circumstances not covered in this section, or for contact with other prescribers, contact ADP.

ACT Health – Alcohol and Drug Program (ADP)
Phone (02) 6244 2591 Fax: (02) 6244 4622

6.1.3 Urine screening

In the ACT, the use of urine screening is not mandatory, and will be determined on an individual basis by the prescriber. For more information, see the *National pharmacotherapy policy for people dependant on opioids*. Clients should be provided with written information regarding the locations that urine testing is conducted, and the legal status of screening in the ACT.

[Treatment Options for Heroin and Other Opioid Dependence – A Guide for Users](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/opioid-users>

[National pharmacotherapy policy for people dependant on opioids](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy>

6.1.4 Volume expansion

The decision to volume expand an unsupervised (take-away) dose is made by the medical practitioner in consultation with the client. Advice on this matter may also be sought from other members of the treatment team (e.g. pharmacist). Any requirement for volume expansion should be clearly marked on the prescription, with the total volume of the treatment to be dispensed noted on the prescription.

If an unsupervised (take-away) dose is volume expanded, an appropriate diluent should be used to protect the integrity of the methadone dose from potential microbial growth up to the use-by date. If doses are volume expanded in the ACT, it is recommended that they be diluted to a maximum total volume of 100 mLs and labelled accordingly.

For circumstances not covered in this Section or for contact with other prescribers, contact ADP.

<p style="text-align: center;">ACT Health – Alcohol and Drug Program (ADP) Phone (02) 6244 2591 Fax: (02) 6244 4622</p>

6.1.5 Ceasing or reducing unsupervised (take-away) doses

Ceasing or reducing unsupervised (take-away) doses can be one of the most difficult issues for a prescriber to deal with, as once a client is receiving take-aways, the suggestion of reducing access to take-aways may not be welcomed.

A client may do well for a time, and then relapse into periods of problematic drug use. Good communication between the client, prescriber and community pharmacist can help reduce the frequency, duration and intensity of relapses and allow an increase in client support to counter unstable periods.

Where relapses are severe or repetitive, unsupervised (take-away) doses are not part of optimum treatment and supervised dosing is necessary.

Indications that a return to supervised daily dosing (long-term or short-term) may be necessary include:

- self report of relapse to heroin use, or to other dependent drug use;
- credible evidence of diversion;
- recent injection marks; and
- deterioration in psychological, physical or social well-being; or
- irregular attendance.

When a return to supervised daily dosing is being considered, it may be appropriate to give a client both verbal and written indication of the concerns.

Re-introduction of unsupervised (take-away) doses should only occur after a period of at least two weeks of stability, and should proceed incrementally (see Table 1).

6.1.6 Split dosing

Split dosing may be considered for clients who rapidly metabolise methadone (e.g. in the case of acute pain or during pregnancy). Prior to authorising split dosing, the prescriber should consult with another endorsed opioid maintenance prescriber (with patient consent) to confirm the need for split dosing. If considered appropriate this may involve one half dose being administered under usual supervision and the remaining half dose dispensed for unsupervised (take-away) administration. The use of unsupervised (take away) doses in split dosing, should not reduce the total regular unsupervised (take away) doses for clients.

6.2 Vomited dose

For clients receiving methadone, if vomiting occurs within 20 minutes of ingesting the dose, the pharmacist is to contact the prescriber so that, a supplementary opioid maintenance treatment dose may be authorised. Extra care should be exercised with pregnant clients as severe withdrawal symptoms may cause foetal distress, especially in the first and third trimesters.

If vomiting occurs more than twenty minutes after ingestion, the dose is likely to have been absorbed.

As Buprenorphine is absorbed sublingually within minutes, vomiting after a dose will not reduce the clinical effect, and no extra dose should be administered.

6.3 Missed doses

If a client receiving opioid maintenance treatment misses scheduled dosing days, the regime in the relevant National Clinical Guidelines should be consulted. Refer to page 26 and page 20 respectively in the following National Clinical Guidelines.

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

[National Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence](http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf)

<http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf>

6.4 Stopping treatment

6.4.1 Voluntary

A client may withdraw from treatment at any time without affecting access to medical care. Clients should, wherever possible, be reduced appropriately from their current dose using the recommended schedule in the National Clinical Guidelines.

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

[National Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence](http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf)

<http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf>

Early information should be provided to the client regarding the importance of remaining in treatment, and the best manner to cease treatment safely with minimal clinical consequences. This information should be included in care planning at the earliest opportunity.

6.4.2 Other circumstances

There may be instances of problematic behaviour from clients receiving opioid maintenance treatment. Episodes of problematic behaviour should trigger a discussion between the client and members of the treating team aimed at resolving the dispute (depending on nature and severity) with documented outcomes provided to the client and included in the client record.

More detail on involuntary cessation of treatment can be found in the National Pharmacotherapy Policy.

[National pharmacotherapy policy for people dependant on opioids](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy>

Clients should not have access to treatment removed by ACT Health employees because of problematic behaviour, except with the approval of the Chief Executive. For those in community settings, Section 7 outlines Support Services. ACT Health has clear policy on the management of violence or aggression in the workplace. The process to be followed by ACT Health employees in these situations may be found in the following ACT Health policy document.

[Preventing and managing aggression and violence in ACT Health](http://health.act.gov.au/c/health?a=dldivpoldoc&document=970)

For users outside of ACT Health Intranet, please contact ADP

<http://health.act.gov.au/c/health?a=dldivpoldoc&document=970>

Treatment should not be withheld or terminated for non-payment of financial accounts alone. The pharmacy should have discussions with the client regarding accounts, so there is clear understanding of the rights and responsibilities of the client and pharmacist. ACT Health requires that community pharmacists embed a process for the collection of fees and a process for resolution of accumulated debt if required. Clients are expected to be provided with written advice detailing the timelines and process for bringing an account into balance. (e.g. two to four weeks from the time the consumer is given the advice in writing.)

If the issues relating to accumulated debt are unable to be resolved, the client is to be referred to another dosing pharmacy or the public clinic. The Rapid Referral Mechanism (see Support Services) may be used to refer clients to ADP.

If clients are dissatisfied with decisions made regarding their care, see Complaints for information and the process to be followed to seek review.

Automatic payment deductions for pharmacy costs are recommended to reduce the incidence of accounts becoming unmanageable.

Readmission to treatment is subject to the Rights and Responsibilities detailed in Entry into Treatment.

7 SUPPORT SERVICES

7.1 Clinical consultation, liaison and advice

If the prescriber or pharmacist has clinical concerns about the ongoing management of a client or requires specialised advice, the prescriber or pharmacist is encouraged to contact ADP.

Business hours contact with ADP is available for prescribers or pharmacists to seek the advice of a nurse, pharmacist or medical specialist if required.

ACT Health – Alcohol and Drug Program (ADP)
Phone (02) 6244 2591 Fax: (02) 6244 4622

After hours calls to ADP for advice should be directed to the ADP 24 hour help line. If required, ADP staff will then contact the on-call ADP medical specialist who may contact the practitioner directly, or follow the matter up at the next business day, depending on the nature of the advice required.

ACT Health – Alcohol and Drug Program (ADP)
24 hour help line Phone: (02) 6207 9977

General practitioners have a peer available for advice and support through the ACT Division of General Practice. This general practitioner is an experienced opioid maintenance treatment prescriber. Concerns regarding systemic aspects of opioid treatment in the ACT may also be noted with this representative for resolution through the Opioid Treatment Advisory Committee (OTAC). OTAC is able to address problems of mutual concern to clients in addition to managing the overarching operation of opioid treatment in the ACT.

The ACT Division of General Practice
Phone (02) 6287 8099 Fax (02) 6287 8055

Community pharmacists are represented on OTAC by a pharmacist nominated by The Pharmacy Guild of Australia ACT Branch. This pharmacist is an experienced opioid dispensing pharmacist and can provide peers useful advice and support. Concerns regarding systemic aspects of opioid treatment in the ACT may be noted with this representative for resolution through the Opioid Treatment Advisory Committee (OTAC). OTAC is able to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT.

The Pharmacy Guild of Australia ACT Branch
Phone (02) 6270 1870 Fax (02) 6273 8134

7.2 Rapid referral mechanism

7.2.1 Medical practitioners

If a medical practitioner is unable or unwilling to prescribe opioid maintenance treatment to a client then the medical practitioner is to consult with ADP (e.g. if the practitioner is not able to initiate opioid maintenance treatment and the client requires an assessment for initiation). In consultation with ADP, an emergency consultation at ADP, DIRECTIONS ACT or Winnunga Nimmityjah Aboriginal Health Service will be made available on or before the next business day.

The transferring medical practitioner should provide ADP with relevant details (treatment, length of time in treatment, dose, date of last dose, period covered by last prescription, number of regular takeaways authorised and other clinically relevant issues).

If required, ADP will accept ongoing management responsibility for treatment (including prescribing) for the client.

7.2.2 Pharmacists

If a pharmacist is unable or unwilling to continue to treat a client, in consultation with ADP, an emergency appointment slot will be made available at the ADP Clinic the next business day. ADP will accept ongoing management responsibility for dispensing opioid maintenance treatment to the client. Clients referred to the ADP Clinic for dispensing may continue to be prescribed by a general practitioner working in the community.

ACT Health – Alcohol and Drug Program (ADP) Phone: (02) 6244 2591 Fax: (02) 6244 4622
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7.3 Arrangements to cover absence from practice

When a medical practitioner receives *Approval to Prescribe* from the Chief Health Officer, this *Approval to Prescribe* is valid for all medical practitioners with unconditional medical registration with the ACT Medical Registration Board working at the prescriber's usual practice.⁸

For periods of planned leave, if a medical practitioner is unable to transfer the client to another practitioner within their practice, the prescriber should contact ADP preferably one month prior to the period of absence, so that the necessary arrangements may be made with another medical practitioner. At the completion of the planned absence, the client will be transferred back to the original prescriber (including transfer of clinically relevant information in accordance with the usual transfer arrangements from ADP).

7.4 Counselling and other supports services

Counselling and case management services are available to all clients receiving opioid maintenance treatment in the ACT. Services are also available for friends and family members. Contact details for these services are provided in Appendix 2.

7.5 Key worker

Clients who are receiving opioid maintenance treatment and are pending release from the Alexander Maconochie Centre, Periodic Detention Centre Symonston or Bimberi Youth Justice Centre will be introduced to a key worker from ADP, DIRECTIONS ACT or Winnunga Nimmityjah Aboriginal Health Service. Ideally, the client will meet the key worker prior to release and again soon afterwards.

The role of the key worker is to ensure that the client is aware of, and has access to, the support services in place in the ACT community. The key worker will continue to provide support in the community.

⁸ Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

8 STATUS LIST (CLIENTS AND PRACTITIONERS)

ADP is able to provide prescribers, pharmacists and alcohol and other drug counsellors with information about available places for prescribing or dosing. This information, which is maintained by ADP includes:

- the names, practice location and contact details of medical practitioners prescribing for ACT clients on opioid maintenance treatment;
- the names, practice location and contact details of medical practitioners endorsed to prescribe opioid maintenance treatment for more than five clients in the ACT, plus an indication of the current status of the practitioner's capacity to accept new referrals, and endorsement to prescribe in other jurisdictions;
- prescriber's current status - including requirements for refresher training and number of years prescribing;
- the names of pharmacies licensed to dispense opioid maintenance treatment, including opening times, contact details, current capacity to accept new referrals, and the name of the key pharmacist (licence holder); and
- pharmacists' current status and requirements for refresher training.

ADP will maintain a list of client information, including the names of all clients receiving opioid maintenance treatment, the client's prescriber and dosing pharmacist, the treatment type and maximum dose (including unsupervised –(take-away) doses), and the length of time that the client has been in treatment for this episode. Information concerning clients in opioid maintenance treatment in the corrections environment will also be noted to allow throughcare for this client group to be monitored.

This list will also indicate whether the client has signed the *Rights and Responsibilities* form. This form documents client consent for information to be shared in the event of an emergency, or admission to an ACT hospital, police watch house, the Alexander Maconochie Centre or Bimberi Youth Justice Centre.

If an existing client chooses not to sign the form, the client will not be removed from treatment. Any client commencing opioid maintenance treatment however, will need to complete this requirement.

In the event that information is required from the status list (such as in an emergency, or if a client is admitted to an ACT hospital, police watch house, the Alexander Maconochie Centre or Bimberi Youth Justice Centre) information may be obtained from ADP to allow opioid maintenance treatment to continue.

During business hours the following contact numbers apply.

ACT Health – Alcohol and Drug Program (ADP)
Phone (02) 6244 2591 Fax: (02) 6244 4622

After hours the following contact number applies.

ACT Health – Alcohol and Drug Program (ADP)
24 hour help line Phone: (02) 6207 9977

9 TRANSFER

Clients may wish to transfer to other prescribing or dosing locations temporarily for employment, holiday or other reasons.

9.1 Transfers to another jurisdiction

In the event of a client transferring interstate, or from another state or territory to the ACT, the prescription must be written by a prescriber who is endorsed in the state or territory where the dosing will occur.

To arrange an interstate transfer (to receive a prescription or to dose) the prescriber should contact ADP preferably with four weeks notice. The client will require an appointment to attend the prescriber with endorsement in the appropriate jurisdiction. The transferring medical practitioner is required to forward a written request to the arranged prescriber.

ADP medical specialists hold authorisation in Queensland, NSW and Victoria to facilitate transfers to those locations.

ACT Health – Alcohol and Drug Program (ADP)
Phone: (02) 6244 2591 Fax: (02) 6244 4622

9.2 Transfers overseas

In the event that overseas transfer is necessary, the prescriber should contact ADP as soon as possible to ensure that all legislative requirements are met. Not all countries allow travellers to possess prescribed opioids. More information may be sought from the Office of Chemical Safety, in the Therapeutic Goods Administration.

[Office of Chemical Safety - Therapeutic Goods Administration](http://www.ocs.gov.au/internet/main/publishing.nsf/Content/treaties-and-compliance)

<http://www.ocs.gov.au/internet/main/publishing.nsf/Content/treaties-and-compliance>

Phone: (02) 6160 3258 Free call: 1800 170 723 Fax: (02) 6160 3260

Post: Treaties & Compliance GPO Box 9848 CANBERRA ACT 2601 MDP 88

[National pharmacotherapy policy for people dependant on opioids](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/pharmacotherapy>

Clients receiving methadone liquid require the prescription to be changed to methadone tablets for the period of the travel. The prescriber must seek an additional *Approval to Prescribe* from Pharmaceutical Services to allow methadone tablets to be dispensed.

Clients receiving buprenorphine may have no need to change treatment, depending on the countries to be visited.

A minimum of 28 days should be allowed for making necessary arrangements for overseas travel.

ACT Health – Alcohol and Drug Program (ADP)
Phone: (02) 6244 2591 Fax: (02) 6244 4622

9.3 Periodic Detention Centre clients

Weekend (periodic) detention hours extend from 19:30 on Fridays to 16:30 on Sundays. Clients receive their prescribed opioid maintenance treatment at the Periodic Detention Centre in the morning on Saturday and Sunday. The Periodic Detention Centre does not operate for the Easter weekend.

When a client becomes aware that they will be undergoing periodic detention, the client should alert Corrections Health Program so that a valid prescription and dosing arrangements are arranged by Corrections Health Program in consultation with ADP.

Clients in the care of a community medical practitioner are required to provide an amended prescription to their dosing point to cover their time in periodic detention. This amendment will note that weekend doses will be provided by ADP whilst the client is in periodic detention. If the client does not attend the Periodic Detention Centre for any reason, the client may attend ADP to receive their weekend (Periodic Detention Centre) dose.

ADP will:

- confirm the last dose of opioid maintenance treatment provided by the client's current dosing point (including provision of takeaways and dosing in the police watchhouse);
- contact the client's usual prescriber to confirm the current treatment regime (treatment type, dose) and request a new prescription for the time in periodic detention; and
- request the *Approval to Prescribe* from Pharmaceutical Services clearly stating why the client requires a new *Approval*.⁹

Corrections Health Program will:

- fully assess the client (including signs of intoxication and withdrawal);
- dose the client at the earliest opportunity, or when next dose becomes due; and
- organise a treatment care plan at the earliest opportunity.

ACT Health – Corrections Health Program Phone (02) 6207 2843

9.4 Clients in correctional facilities

Procedures for clients entering and being released from correctional facilities are represented in flow charts at Appendix 7 and Appendix 8.

9.4.1 Entering Corrections

When a person is admitted to the Alexander Maconochie Centre, Periodic Detention Centre Symonston or Bimberi Youth Justice Centre, opioid maintenance treatment will be available as part of ongoing health care.

When a client currently receiving opioid maintenance treatment enters a correctional facility, as soon as the current prescription and the last dose can be confirmed, the client is to continue with the current prescribed schedule if that schedule is safely able to be continued (see Appendix 7).

Corrections Health Program will:

- confirm the last dose of opioid maintenance treatment provided from the client's current dosing point, (including provision of takeaways);
- fully assess the client (including for signs of intoxication and withdrawal);
- contact the client's usual opioid maintenance treatment prescriber to confirm the current treatment regime (treatment type, dose);
- dose the client at the earliest opportunity (which may be the next day, depending on admission time);
- request a new *Approval to Prescribe* from Pharmaceutical Services¹⁰;

⁹ Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

¹⁰ Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

- contact the community prescriber to ensure the prescriber is aware of the requirement to forward a stop approval to ADP and the dosing point; and
- organise a treatment care plan at the earliest opportunity.

For clients not currently receiving opioid maintenance treatment, opioid maintenance treatment is only indicated for those who are opioid dependent. Induction will follow the *National clinical guidelines* below.

[National clinical guidelines and procedures for the use of buprenorphine in the treatment of heroin dependence](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide)

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/buprenorphine-guide>

[National Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence \(2003\)](http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf)

<http://www.health.vic.gov.au/dpu/downloads/guidelines-methadone.pdf>

9.4.2 Discharge from Corrections

Procedures for clients being released from correctional facilities are represented in a flow chart at Appendix 8.

Corrections Health Program will arrange a key worker, prescriber and dosing point for the client prior to the client leaving the correctional centre to ensure arrangements are in place for transition to community care. The key worker will provide support for the client to ensure there is smooth transition from the correctional facility to community based care.

A new prescription will be issued by the Corrections Health Program prescriber, and forwarded to the dosing point prior to release. Details of the prescription will be provided to the community prescriber for continuity of care (with a copy sent to Pharmaceutical Services and a copy sent to ADP to allow update of the Status List). The new prescriber must submit an *Approval to Prescribe* to Pharmaceutical Services stating that the client is being transferred.

These arrangements may require the client to temporarily dose on the Corrections Health Program prescription depending on the availability of the new prescriber. The Corrections Health Program prescription will normally be for seven days of community dosing.

Corrections Health Program will ensure that a comprehensive discharge summary is provided to the new prescriber preferably prior to release, but in any case within seven days, including care plan, so that the care plan may be updated as required.

**ACT Health – Corrections Health Program
Phone (02) 6207 2843**

9.5 Clients in the police watchhouse

Procedures for clients in the police watch house are represented in a flow chart at Appendix 9.

Clients receiving opioid maintenance treatment who enter the police watchhouse facility can continue to receive their medication if the following criteria can be satisfied:

- the last dose received by the client can be verified; and
- medication is able to be sourced (e.g. takeaways can be provided by the client's usual pharmacist).

A medical practitioner treating a client at the watchhouse may prescribe for the client on the condition that an *Approval to Prescribe* is requested within 72 hours of the first dose being prescribed.¹¹

¹¹ Section 557 - Medicines Poisons and Therapeutic Goods Regulations 2008

The attending medical practitioner will confirm the client's dosing history with the client's dosing point or ACT Health, depending on the time of day and availability of the dose.

The attending doctor will:

- contact the client's current dosing point or ADP to confirm details of last dose (drug, amount);
- assess the client to ensure they are not currently intoxicated;
- dose the client;
- transmit by facsimile details of the doses provided to the client whilst in the watchhouse to the current dosing point or ADP, clearly marked "For Information Only" (so it is clear that the client has continued to receive opioid maintenance treatment, and has not missed any doses); and
- transmit by facsimile a request for *Approval to Prescribe* to Pharmaceutical Services within 72 hours of the client first dosing in the watchhouse.¹²

If it is not considered safe to dose a client with opioid maintenance treatment, symptomatic management should be offered to alleviate actual or potential symptoms.

If the prescriber has clinical concerns about the ongoing management of a client or requires specialised advice, the prescriber is encouraged to contact ADP.

Business hours contact with ADP is available for prescribers to seek the advice of a nurse, pharmacist or medical specialist if required.

ACT Health – Alcohol and Drug Program (ADP)
Phone (02) 6244 2591 Fax: (02) 6244 4622

After hours calls to ADP for advice should be directed to the ADP 24 hour help line. If required, ADP staff will contact the on-call ADP medical specialist who may contact the practitioner, or follow the matter up at the next business day, depending on the nature of the advice required.

ACT Health – Alcohol and Drug Program (ADP)
24 hour help line Phone: (02) 6207 9977

¹² Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

10 FEES AND SUBSIDIES

In the ACT all clients receiving opioid maintenance treatment are expected to pay a fee. ACT Health offers a subsidy to community pharmacies for clients on opioid maintenance treatment.

The fee will be waived for clients dosing at ADP for the first three months. A further exemption may be provided to extend the waiver for priority populations including:

- pregnant women;
- women and their partners with children under the age of two years;
- people identifying as Aboriginal and/or Torres Strait Islander;
- clients under the age of 18 years;
- people with HIV and their opioid using partners;
- hepatitis B carriers and their opioid using partners;
- people released from correctional institutions in the past three months; and
- clients of a diversion program from the criminal justice system.

10.1 Missed payments

Prior to accepting a new client at a community pharmacy, pharmacists should discuss payment options and procedures. The client and pharmacist should come to a mutual agreement on the frequency and form of payment. This agreement should be represented in a written agreement signed by both parties. Managing payments is the responsibility of the pharmacist and the client.

It is recommended that, where possible, direct debit arrangements (preferably with Centrelink to reduce possibility of financial institution dishonour fees) be utilised by community pharmacies.

Early recognition of problems may allow for solutions to be sought to prevent problems from becoming unmanageable. The use of support services should be promptly sought to rectify issues at an early stage.

Difficulties with paying fees should be discussed between the pharmacist and the client, as should the process of dealing with non payment of fees (see also Rights and Responsibilities).

11 TRAINING REQUIREMENTS

In the ACT training is provided for:

- medical practitioners – this is a requirement for medical practitioners to induct clients or to prescribe for more than five clients on opioid maintenance treatment concurrently; and¹³
- pharmacists to be accredited by ACT Health to dispense opioid maintenance treatment.

11.1 Medical practitioners

For medical practitioners the training has two components:

- theory and exam; and
- practical placement.

The theoretical component can be undertaken either through a face-to-face program delivered by ADP or through the NSW online Opioid Treatment Accreditation Course (NSW accreditation requires completion of this course).

Practical placement involves completion of a session in the ADP Clinic.

The NSW Opioid Treatment Accreditation Course (formerly the Prescriber Accreditation Course – PAC) is sponsored by NSW Health, and may allow NSW accreditation. The NSW course requires placement with a specialist prescriber. The session at ADP will meet the placement requirements of the NSW course. More information about the NSW Course is available online at the following address.

[NSW Opioid Treatment Accreditation course](http://www.pac.med.usyd.edu.au/)

<http://www.pac.med.usyd.edu.au/>

11.2 Pharmacists

The pharmacist training has one session that includes both theory and exam. The training session is conducted by ADP.

11.3 Updating partial endorsement

Some prescribers are only endorsed to prescribe one type of opioid maintenance treatment (usually methadone). These prescribers can receive approval from ACT Health to induct clients or to prescribe for more than five clients on opioid maintenance treatment concurrently by completing a two hour training session with ADP. The two hour session is interactive and practical.

11.4 Recognition of training undertaken in other jurisdictions

11.4.1 Medical practitioners

To induct clients or to prescribe for more than five clients on opioid maintenance treatment concurrently in the ACT, medical practitioners endorsed to prescribe opioid maintenance treatment in other jurisdictions are required to provide evidence of this training and endorsement (or equivalent) to the satisfaction of the Chief Health Officer and complete a two hour training session with ADP.¹⁴

¹³ Section 582 Medicines Poisons and Therapeutic Goods Regulations 2008

¹⁴ Section 582 Medicines Poisons and Therapeutic Goods Regulations 2008

11.4.2 Pharmacies

ACT Health requires community pharmacies to ensure that all pharmacists and Registered Nurses operating in an Opioid Dependency Treatment Centre are trained to allow the safe administration and/or dispensing of opioid maintenance treatment. This requirement is an agreed position that is reinforced through service funding agreements held between ACT Health and the individual community pharmacy.

Training to satisfy the ACT Health requirement should be renewed at least every five years.

There may be exceptional circumstances when a pharmacy is not able to ensure trained pharmacists are present to dispense opioid maintenance treatment. These situations should be discussed with ADP, and training provided at the earliest opportunity.

11.5 Refresher training

Medical practitioners and pharmacists are required to attend a two hour training session delivered by ADP every five years to retain their authority to induct clients and prescribe for more than five clients on opioid treatment. This will allow endorsement (to induct clients or to prescribe for more than five clients on opioid maintenance treatment concurrently) or licences to be continued.¹⁵

11.6 Training program validity

Responsibility for the planning, implementation and evaluation of the training program lies with ADP.

11.7 Training documentation

At the completion of the training program, the participant will receive:

- certificate indicating the training completed;
- the date that a refresher is required to continue to induct clients or to prescribe for more than five clients on opioid maintenance treatment concurrently);¹⁶ and
- information detailing what the training entitles the recipient to do.

Results of training will be documented in the Status List (see Status List) to ensure updated information is available to practitioners involved in opioid maintenance treatment.

¹⁵ Section 582, *Medicines Poisons and Therapeutic Goods Regulations 2008*.

¹⁶ Section 582 *Medicines Poisons and Therapeutic Goods Regulations 2008*

12 COMPLAINTS

13.1 Clients

Clients unsatisfied with any aspect of treatment received should first seek to resolve the complaint with the practitioner or service providing the service. (See Complaint Mechanism Flowchart)

All ACT Health clients are able to provide feedback on services through the Listening and Learning forms available at ACT Health services, online at the ACT Health website or by mail upon written request.

**The Consumer Feedback Coordinator
Patient Safety and Quality Unit
PO Box 11
Woden ACT 2601**

The [Health Services Commissioner](#) can address written complaints about the provision of health services. More information about the ACT Community and Health Services Complaints Commissioner is available at the following points of contact.

**[Health Services Commissioner](#)
GPO Box 158
Canberra City ACT 2601
Phone: (02) 6205 2222 Fax: (02) 6207 1034
TTY: (02) 6207 0525**

13.2 Medical Practitioners, Nurses, Pharmacists and other Allied Health Professionals

Medical practitioners, nurses, pharmacists, allied health professionals or alcohol and other drug workers (AOD workers) with a specific concern about the provision of opioid maintenance treatment in the ACT should, in the first instance seek to resolve the issue with the practitioner or service involved in the care.

If the approach to the service provider involved in the care does not adequately address the concern to the practitioner's satisfaction, the practitioner should raise the issue with the Director of the service involved in the provision of care, for resolution.

Concerns relating to a specific incident may prompt a potential need to review a policy or procedure more generally. In this case the matter should be discussed with the Secretariat of the Opioid Treatment Clinical Advisory Committee (OTCAC) for tabling at the next available meeting.

The outcome of OTCAC's deliberations will be provided to OTAC and the practitioner who raised the matter with OTCAC.

The outcome of OTCAC's deliberations will be referred to other ACT Health committees as appropriate the discretion of the OTCAC. (See Committee Roles Appendix 10).

The OTCAC secretariat can be contacted as follows.

**ACT Health – Alcohol and Other Drug Policy Unit
Secretariat, Opioid Treatment Clinical Advisory Committee
Phone: (02) 6205 0872 fax: (02) 6205 0866**

13 EVALUATION

These Guidelines aim to enhance knowledge, understanding and compliance with relevant legislation and practices for opioid maintenance treatment in the ACT. Successful implementation of the Guidelines is expected to result in:

- an increase in the number of medical practitioners able to prescribe opioid maintenance treatment for clients stabilised in treatment;
- an increase in the number of medical practitioners able to induct and maintain clients on treatment (i.e. general practitioners and other medical practitioners working in the community and in mental health services, correctional environments and the police watch house);
- an increase in the numbers of clients receiving opioid maintenance treatment in community pharmacies as opposed to ADP's public clinic;
- a reduction in the challenges experienced by opioid maintenance treatment clients and practitioners when there is a need to transfer interstate temporarily;
- a reduction in delays incurred by clients who need to obtain their prescription or dose from an alternative location due to an emergency (e.g. storm damage to a pharmacy or sudden death of a GP);
- an increase in the uptake of consultation and liaison advice and use of the rapid referral mechanism by community based practitioners;
- an increase in the uptake by clients of blood borne virus screening, vaccinations for hepatitis and counselling and case management services; and
- an improvement in client retention on opioid maintenance treatment post release from full time detention (particularly during the first three months when risk is greatest for overdose and sudden death).

These indicators will be monitored by the Opioid Treatment Advisory Committee.

ORGANISATIONS WITH KEY ROLES

This Section details the organisations with key roles in the provision or support of opioid maintenance treatment in the ACT.

The role of **ACT Health – Alcohol and Drug Program (ADP)** is to provide:

- tertiary level clinical services for those clients with the most complex needs;
- clinical consultation/ liaison advice for practitioners and workers;
- local training for medical practitioners and pharmacists;
- practical clinical placements for medical practitioners;
- emergency referrals for clients to Directions clinic and Winnunga Nimmityjah Aboriginal Health Service; and
- a point of contact for emergency coordination and client information.

ADP employs medical specialists, pharmacists, nurses and allied health professionals to provide the following client services:

- clinical assessments;
- clinical consultation and liaison;
- supervised dispensing of opioid maintenance treatment;
- crisis and ongoing counselling;
- case management for clients receiving their opioid maintenance treatment prescription and/or dose from ADP;
- key workers to provide case management for clients leaving corrections facilities;
- IMPACT (Integrated Multi-agencies for Parents and Children Together) Program participation;
- mental health assessments and referral to Mental Health ACT for those with moderate to severe mental health problems;
- arranging transfer of clients receiving opioid maintenance treatment from ADP to community prescribing and/or dosing; and
- blood borne virus screening, hepatitis B vaccinations, women's health clinic, referrals to other services (e.g. Canberra Sexual Health Clinic, Liver Clinic).
- pay subsidies to community pharmacies dispensing opioid maintenance treatment;
- assist pharmacists and medical practitioners with arranging interstate and overseas client transfers;
- maintain a register of current prescribers and pharmacies and monitor their capacity to accept new referrals;
- maintain a list of current authorities provided for medical practitioners to prescribe for each client on opioid maintenance treatment;
- maintain a list of the license status of community pharmacies to dispense opioid maintenance treatment; and
- maintain a register of the names of clients currently on opioid maintenance treatment, their prescribers, their dose (name and amount and unsupervised - take aways) and their pharmacy.

<p>ACT Health – Alcohol and Drug Program (ADP) The Canberra Hospital Phone: (02) 6244 2591 Fax: (02) 6244 4622 Address: GPO Box 825 Canberra City ACT 2601</p>

The role of **ACT Health – Chief Pharmacist (Pharmaceutical Services)**

- Delegated authority of the Chief Health Officer;
- endorse medical practitioners to be able to induct and prescribe for more than five clients, under these *Guidelines* and the relevant legislation;
- consider applications from medical practitioners for *Approval to Prescribe* for each client on opioid maintenance treatment; and
- licence community pharmacies to dispense opioid maintenance treatment.

**ACT Health - Chief Pharmacist
Pharmaceutical Services
Phone: (02) 6207 3974 fax: (02) 6205 0997
Locked Bag No. 5 WESTON CREEK 2611**

The role of **DIRECTIONS ACT's Althea Wellness Centre** is to provide:

- clinical assessments;
- crisis and ongoing counselling;
- key workers to provide case management for clients leaving corrections facilities;
- key workers to provide case management for clients receiving their opioid maintenance treatment prescription from Directions ACT;
- Mental health assessments provided by Mental Health ACT; and
- blood borne virus screening, hepatitis B vaccinations, referrals to other services (e.g. Canberra Sexual Health Clinic, Canberra Hospital Liver Clinic).

**DIRECTIONS ACT – Althea Wellness Centre
Phone (02) 6122 8000**

The role of **Winnunga Nimmityjah Aboriginal Health Service** is to provide:

- a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas;
- clinical assessments;
- crisis and ongoing counselling;
- case management for clients receiving their opioid maintenance treatment prescription from Winnunga Nimmityjah;
- key workers to provide case management for clients leaving corrections facilities;
- counselling, advocacy, community education and referrals to mental health services (after basic mental health assessments);
- blood borne virus screening, hepatitis B vaccinations, women's health clinic, referrals to other services (e.g. Canberra Sexual Health Clinic, Canberra Hospital Liver Clinic); and
- a dedicated alcohol and other drug nurse to work with clients on opioid maintenance treatment.

**Winnunga Nimmityjah Aboriginal Health Service
Phone: (02) 6284 6222**

APPENDIX 1

General practitioners have a peer available to them for consultation and liaison advice and support through the ACT Division of General Practice. This general practitioner is an experienced opioid maintenance treatment prescriber. Concerns regarding systemic aspects of opioid treatment in the ACT may also be noted with this representative for resolution through the Opioid Treatment Advisory Committee (OTAC). OTAC is able to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT.

The ACT Division of General Practice
Phone (02) 6287 8099 Fax (02) 6287 8055

The role of Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) is to provide:

- advocacy support; and
- information through a peer based users group run by and for past or current illicit or injecting drug users, their friends and families.

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
Phone: (02) 6279 1670

The role of **ACT Health – Corrections Health Program** is to provide:

- clinical assessments;
- supervised dosing of opioid maintenance treatment;
- effective transfer of care for clients receiving opioid maintenance treatment from Corrections Health Program (at the Alexander Maconochie Centre, Periodic Detention Centre Symonston or Bimberi Youth Justice Centre) to community prescribing and dosing; and
- blood borne virus screening, hepatitis B vaccinations, access to other services (e.g. Canberra Sexual Health Clinic, Liver Clinic).

ACT Health – Corrections Health Program
Phone (02) 6207 2843

The role of The Connection is to provide:

- advocacy support; and
- peer based information for Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander youth who are current or past illicit or injecting drug users, their families and friends.

The Connection
Phone: (02) 6279 1671

Community pharmacists are represented on OTAC by a pharmacist nominated by The Pharmacy Guild of Australia ACT Branch. This pharmacist should be an experienced opioid dispensing pharmacist and can provide peers useful consultation and liaison advice. Concerns regarding systemic aspects of opioid treatment in the ACT may be noted with this representative for resolution through the Opioid Treatment Advisory Committee (OTAC). OTAC is able to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT.

The Pharmacy Guild of Australia ACT Branch
Phone (02) 6270 1870 Fax (02) 6273 8134

OPIOID MAINTENANCE TREATMENT SUPPORT SERVICES

This Section details the relevant organisations and services provided in support of Opioid Maintenance Treatment.

Counselling and case management

Alcohol and Drug Program (ADP)

ACT Health

Phone: (02) 6207 9977

Web: [ACT Health - Health Services](#)

<http://health.act.gov.au/c/health?a=sp&did=10000882>

- crisis counselling for young people (e.g. under 18 years);
- referral for ongoing counselling and case management for young people to Ted Noffs Foundation or Gugan Gulwan Youth Aboriginal Corporation;
- crisis counselling and ongoing counselling for adults;
- case management for adults receiving opioid maintenance treatment prescription and/or dose from ADP;
- mental health assessments and referral to Mental Health ACT for those with moderate to severe mental health problems;
- IMPACT (Integrated Multi-agencies for Parents and Children Together) Program participation; and
- for pregnant women
 - IMPACT - For pregnant women, their partners and children less than two years of age who are clients of Mental Health ACT and/or are receiving opioid maintenance treatment and require assistance to manage their involvement with multiple services/agencies.
Phone: 1800 211 274 (09:00 – 16:30 Monday - Friday)
 - Substance Use in Pregnancy Services (SUPS) provides individualised antenatal support for women who are substance users. These clients are referred at 32 weeks gestation to facilitate early entry to maternal and Child Health (MACH) services. These clients are monitored by ADP, the antenatal clinic, maternity social workers and MACH nurses. Multidisciplinary case management is offered.
**Maternal and Child Health (MACH) – Midwife contact
Phone: (02) 6244 3470**

DIRECTIONS ACT

Phone: (02) 6122 8000

Web: www.directionsact.com

<http://www.directionsact.com/>

- crisis and ongoing counselling;
- case management for clients receiving their opioid maintenance treatment prescription from DIRECTIONS ACT; and
- mental health assessments provided at DIRECTIONS ACT by Mental Health ACT and referral to Mental Health ACT services for those with moderate to severe mental health problems.

Gugan Gulwan Youth Aboriginal Corporation

Phone: (02) 6231 9555

- crisis counselling for young people (e.g. 25 years and under); and
- ongoing counselling and case management for young people.

Ted Noffs Foundation

Phone: (02) 6123 2400

Web: [ted noffs foundation](http://www.noffs.org.au/news/news35.shtm)

<http://www.noffs.org.au/news/news35.shtm>

- crisis counselling for young people (e.g. under 18 years); and
- ongoing counselling and case management for young people.

Toora Women Inc

Phone: (02) 6248 8600

Email: wired@toora.org.au

- crisis and ongoing counselling for women.

Winnunga Nimmityjah Aboriginal Health Centre

Phone: (02) 6284 6222

Web: [Winnunga Nimmityjah Home Page](http://www.winnunga.org.au/)

<http://www.winnunga.org.au/>

- crisis and ongoing counselling;
- case management for clients receiving their opioid maintenance treatment prescription from Winnunga Nimmityjah; and
- mental health assessments and referral to Mental Health ACT for those with moderate to severe mental health problems.

Advocacy organisations

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

Phone: (02) 6279 1670

Web: [AIVL](http://www.aivl.org.au/default.asp)

<http://www.aivl.org.au/default.asp>

- advocacy;
- support; and
- information

CAHMA is a peer based user's organisation run by and for past or current illicit or injecting drug users, their friends and families.

The Connection

Phone: (02) 6279 1671

Email: theconnection@cahma.org.au

Services are provided for young people up to the age of 25 years:

- advocacy;
- support; and
- information.

The Connection is a peer based support service for Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander youth who are current or past illicit or injecting drug users, their families and friends.

CLIENT RIGHTS AND RESPONSIBILITIES FORM

I, the person identified below, declare that it is my wish to commence opioid maintenance treatment in the ACT.

(Name)	(Date of birth)
(Current address)	

I acknowledge that in order to commence opioid maintenance treatment in the ACT, I:

- consent to opioid maintenance treatment;
- agree that my prescribing medical practitioner and pharmacist may share the following information with ACT Health:
 - my name and date of birth;
 - identification as an Aboriginal and/or Torres Strait Islander person;
 - the name of my prescribing medical practitioner,
 - the name of my dosing pharmacist, and
 - my treatment type and dose including information relating to my access to unsupervised (take away) dosing;
- agree to ACT Health confirming with NSW Health that I am not currently registered as a client of the opioid maintenance program in New South Wales;
- agree that:
 - my name and date of birth;
 - identification as an Aboriginal and/or Torres Strait Islander
 - the name of my prescribing medical practitioner;
 - the name of my dosing pharmacist; and
 - my treatment type and dose, including information relating to my access to unsupervised (take away) dosing;

may be shared with an alternative prescriber or pharmacist in the event of:

- an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy (e.g. a fire or storm that causes records or premises to be destroyed, or the prescriber’s incapacitation due to death, illness or injury); and

may be shared with the relevant medical officer in the event of:

- my detention at the police watchhouse;
- my detention elsewhere in the ACT or interstate; or
- my admission to a hospital in the ACT or interstate.

I acknowledge that in order to commence opioid maintenance treatment in the ACT I have been advised by my prescribing medical practitioner about:

- the nature of opioid maintenance treatment (including the aims, what it can and cannot achieve, known benefits and alternative treatments);
- the policies and expectations (including the frequency of and procedures for dosing, urine testing, dosing hours, rules for takeaway doses, clinic or pharmacy schedule of appointments and rules regarding violence, drug dealing and drug use);

- the likely timeframes for being in treatment;
- the side effects and risks associated with treatment;
- timing of first dose;
- the potential effect on activities such as driving motor vehicles and operating machinery;
- the risks of other drug use (including alcohol, tranquillisers, sleeping pills, heroin and other opioids) while receiving opioid maintenance treatment;
- that treatment, once commenced, should not be stopped suddenly; and
- the dispensing fee I will need to pay when I collect my dose.

I have also been:

- provided with written information regarding all the health and safety information outlined above;
- offered screening for HIV, hepatitis A, hepatitis B and hepatitis C; and
- advised of the need to inform my medical practitioner as soon as I become aware that I am pregnant.

(Client signature)	(Date)
(Medical Practitioner signature and name)	

PRESCRIBER TO FAX THIS COMPLETED FORM TO

ACT Health – Alcohol and Drug Program (ADP)

The Canberra Hospital

Phone: (02) 6244 2591 Fax: (02) 6244 4622

Address: GPO Box 825 Canberra City ACT 2601

CLIENT STABILITY ASSESSMENT

(Client Name)	
(Client Date of Birth)	(Unique Identifier for Client)

Methadone and buprenorphine/naloxone are Schedule 8 Medications (controlled medicines), subject to misuse and diversion.

Methadone-related deaths occur each year as a result of misuse of take-away doses by clients and other individuals in the community. Methadone is toxic in overdose and it has a low therapeutic index. Children are particularly vulnerable to overdose.

When an assessment for take-away doses is made, consideration is given to:

- a client's presentation when dosing (including incidence of intoxication or aggressive/threatening behaviour),
- regularity of dosing,
- evidence of continued hazardous substance use in the last three months (self reported substance use, track marks and/or positive urine drug screen), and
- psycho-social stability (including accommodation, employment/education, compliance with drug screening, regular attendance at prescriber reviews, self-reported improvement and satisfaction with treatment).

Client access to unsupervised (take-away) dosing will depend on the following conditions

- Prescribing doctor must authorise take-away doses
- Take-away doses should be available only to clients who are adequately stabilised on the program
- Take-away doses should not be available to patients in their first two months of treatment
- Take-away doses should not be available if there is concern the medication will be misused
- Suitability for take-away doses should be reassessed at each regular patient medical review.

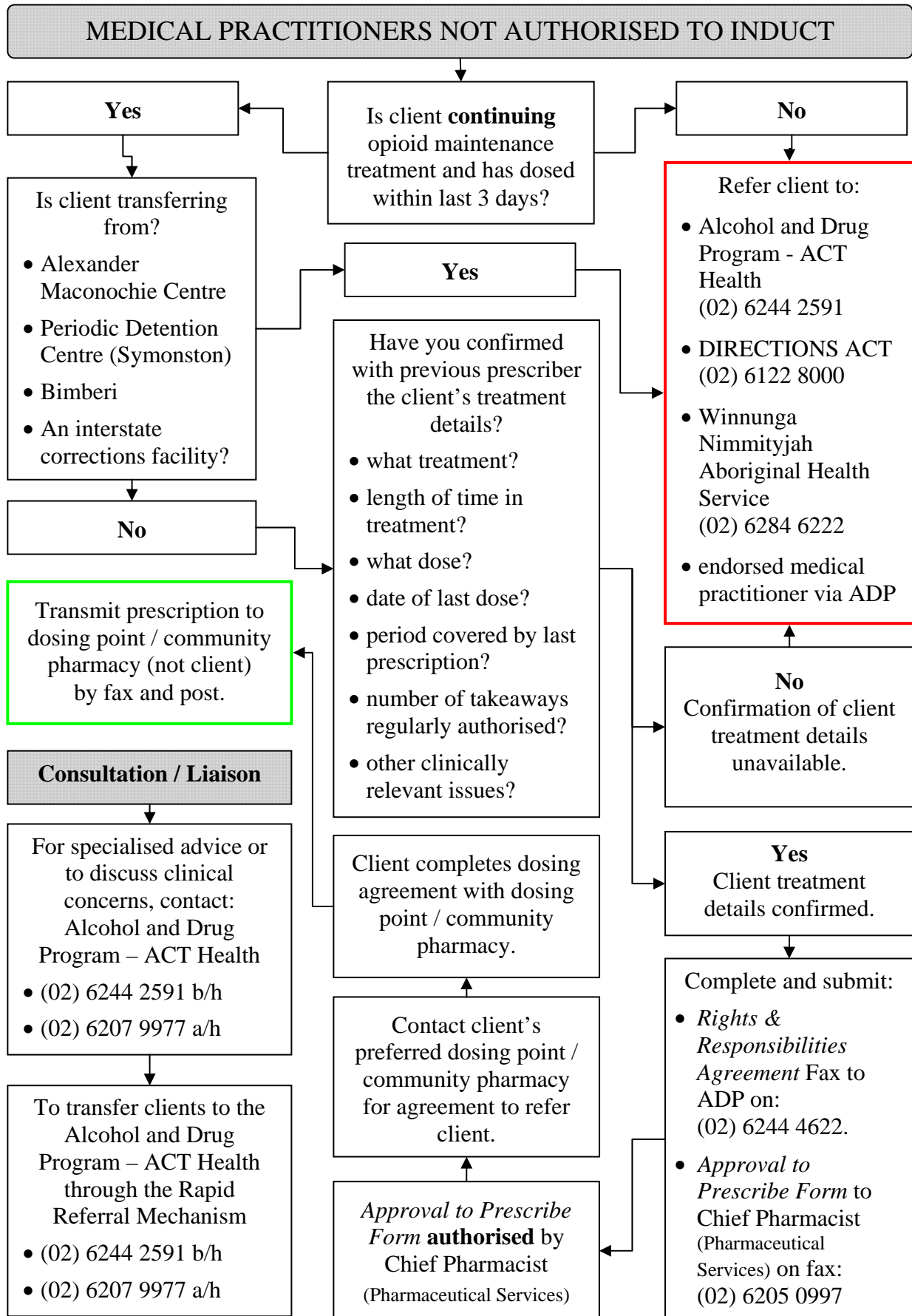
Contraindications to take-away dosing	Yes	No	Comments
Unstable pattern of substance use, including hazardous use of alcohol, illicit drugs, benzodiazepines or other sedating medications.			
Notification by the pharmacist or dosing staff of repeated intoxication on presentation for dosing.			
Significant unstable psychiatric conditions, including active psychosis, significant suicidal ideation and moderate-to-severe depression.			
Significant concerns regarding child safety in relation to provision of take-away doses.			
Significant current concerns regarding the likelihood of the client diverting or otherwise misusing take-away doses.			

Note: If “Yes” to any of the above contraindications, it is recommended that take-away doses not be provided. This decision can be reviewed at next medical review.

Child Safety statement

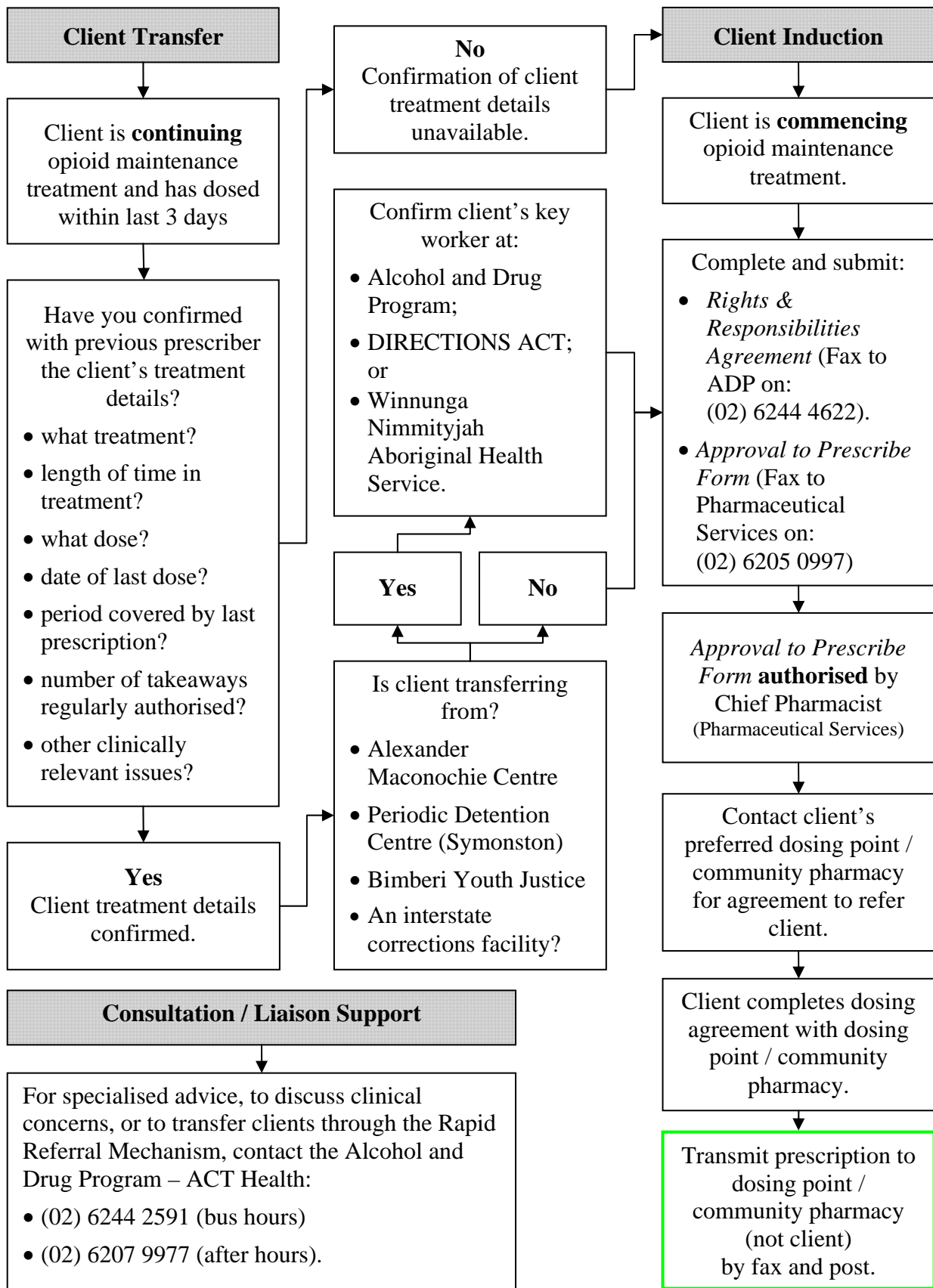
I have informed the patient of the requirement to keep their take-away medication in a safe locked container away from the reach of children. I have advised that the medication is dangerous, if others, particularly children, ingest it.

(Prescriber's Name)	(Signature)	(Date)
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For relevant forms and access to ACT Opioid Maintenance Treatment Guidelines:
 • see <http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881>
 • or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

MEDICAL PRACTITIONERS AUTHORISED TO INDUCT



Consultation / Liaison Support

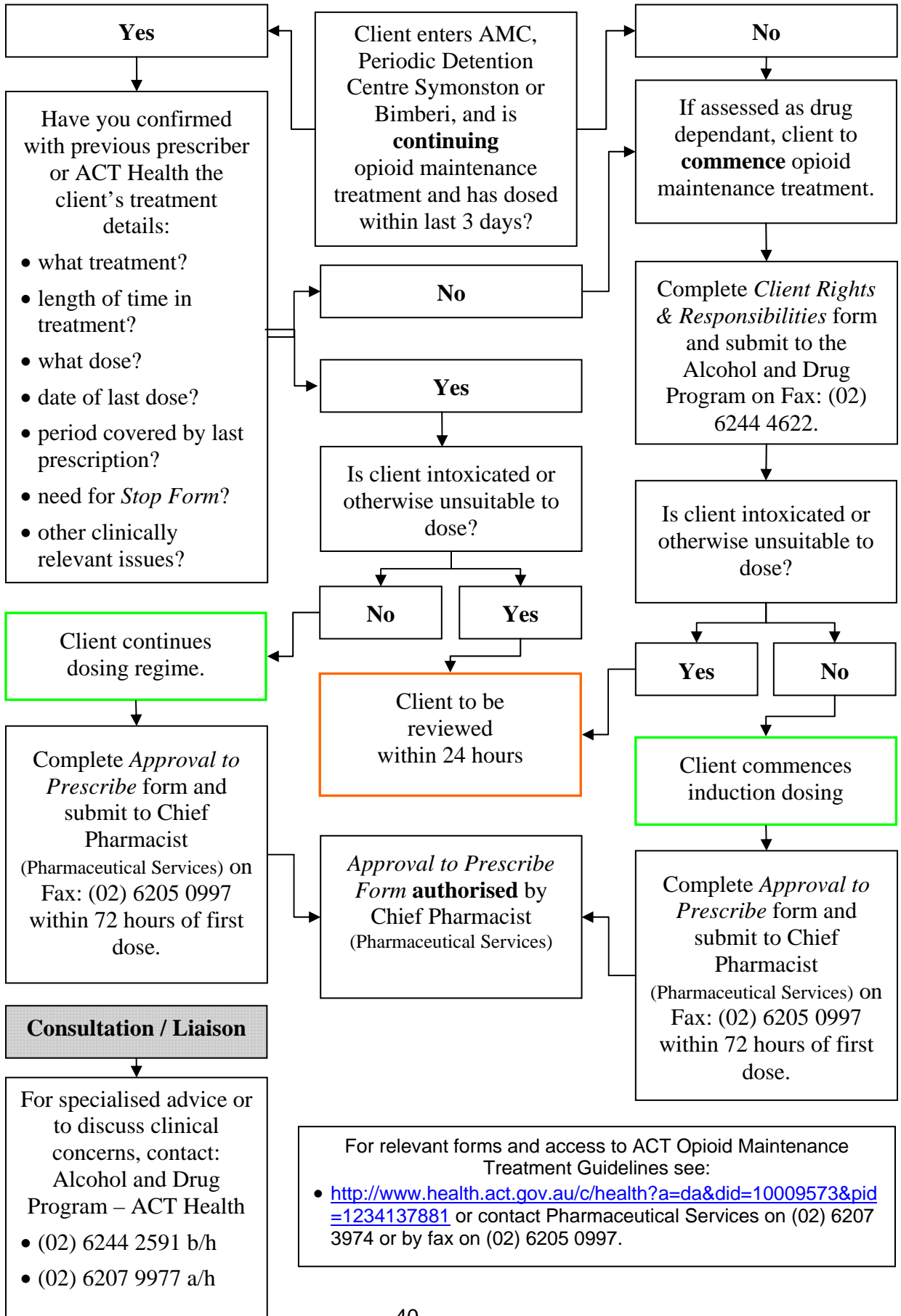
For specialised advice, to discuss clinical concerns, or to transfer clients through the Rapid Referral Mechanism, contact the Alcohol and Drug Program – ACT Health:

- (02) 6244 2591 (bus hours)
- (02) 6207 9977 (after hours).

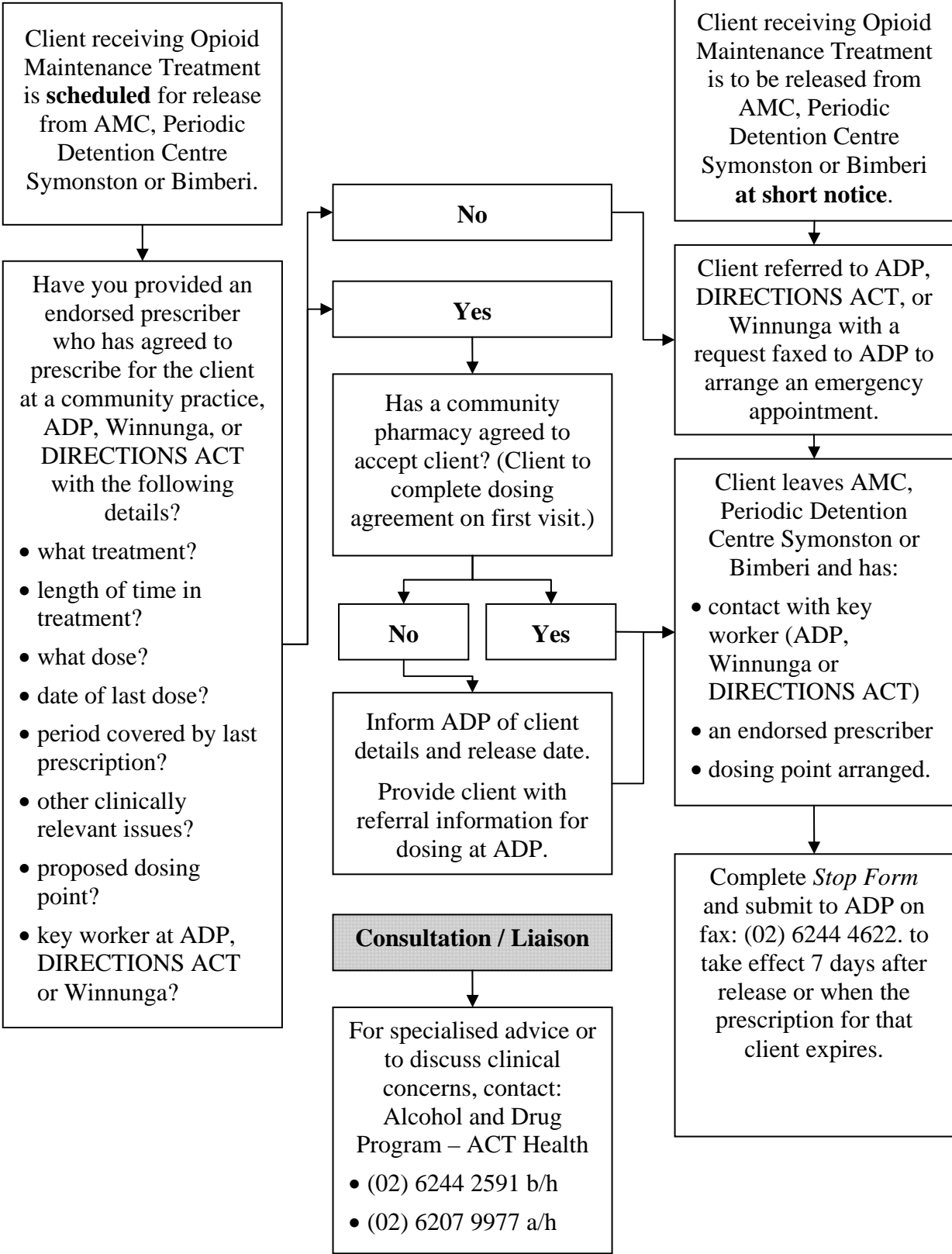
For the relevant forms and access to ACT Opioid Maintenance Treatment Guidelines:

- see <http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881>
- or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

**CORRECTIONS HEALTH MEDICAL PRACTITIONER
(CLIENT ENTERING CORRECTIONS)**

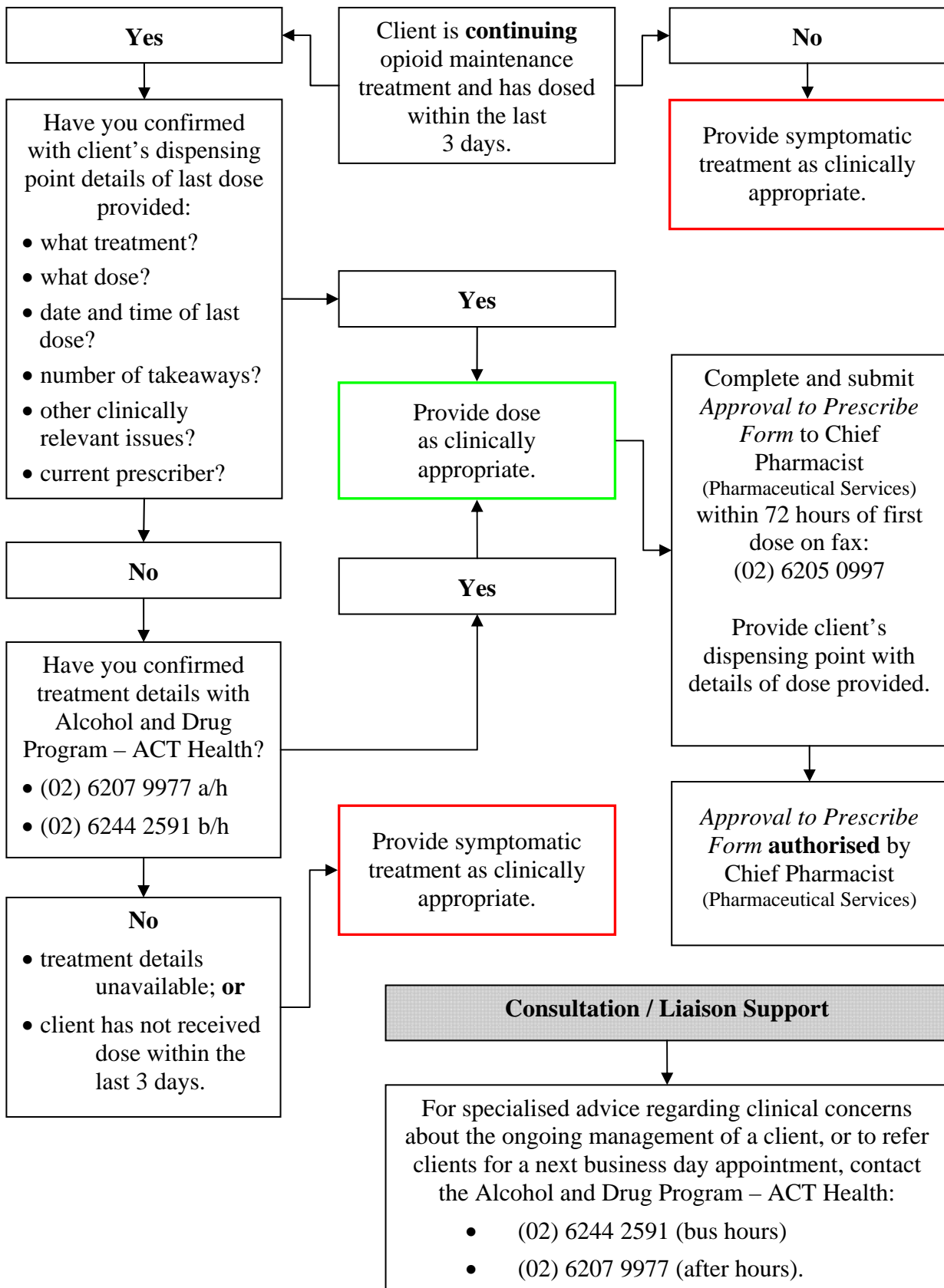


**CORRECTIONS HEALTH MEDICAL PRACTITIONER
(CLIENTS LEAVING CORRECTIONS)**



For relevant forms and access to ACT Opioid Maintenance Treatment Guidelines see:
 • <http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881> or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

WATCH HOUSE MEDICAL PRACTITIONER



For the relevant forms and access to ACT Opioid Maintenance Treatment Guidelines:
 • see <http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1234137881>
 • or contact ADP on (02) 6244 2591 (b/h) or (02) 6207 9977 (a/h).

COMMITTEE ROLES

Opioid Treatment Advisory committee

- To provide a mechanism for consumer involvement in service delivery decisions and policy development for the Opioid Treatment Service in the ACT;
- To address problems of mutual concern to clients, ACT Health employees and other practitioners including medical practitioners, pharmacists, alcohol and other drug workers, nurses and health professionals working in community settings, hospitals, mental health services, correctional environments and the police watchhouse regarding the overarching policy and day to day operations of the Opioid Treatment Service; and
- To ensure that clients of the Opioid Treatment Service are informed of new developments in the management of the programs and that consumer group representatives have an opportunity to have input to issues as they arise.

Opioid Treatment Clinical Advisory Committee Role

- To address medical practitioners, nurses, pharmacists, allied health professionals or alcohol and other drug workers (AOD workers) specific concerns regarding provision of opioid maintenance treatment in the ACT.
- To address concerns already raised with the service providing the care including the Director of the service involved in the provision of care.
- To address concerns relating to a specific incident which may prompt a potential need to review a policy or procedure more generally. In this case the matter should be discussed with the Secretariat of the Opioid Treatment Clinical Advisory Committee (OTCAC) for tabling at the next available meeting.
- To provide advice to OTAC and the practitioner who raised the matter on the outcome of OTCAC's deliberations.
- Information will be de-identified prior to OTCAC consideration, with referral of items to other ACT Health committees as appropriate being at the discretion of the OTCAC. (See also Appendix 10).

The Opioid Treatment Clinical Advisory Committee membership is:

1. ADP Director;
2. AOD specialist practitioner;
3. community pharmacist nominated by Pharmacy Guild of Australia - ACT Branch;
4. community general practitioner;
5. Chief Health Officer (or Delegate);
6. consumer representative (CAHMA); and
7. Alcohol and Other Drug Policy Unit, ACT Health (Secretariat).

**COMPLAINT MECHANISM
FLOWCHART**

For medical practitioners, nurses, pharmacists, allied health professionals and alcohol and other drug workers

